

**TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703) 306-6463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63	/					
14		/					64		/				
15		/					65	/					
16		/					66	/					
17		/					67	/					
18		/					68	/					
19		/					69	/					
20		/					70	/					
21		/					71	/					
22	/						72	/					
23		/					73		/				
24	/						74		/				
25		/					75		/				
26	/						76		/				
27		/					77		/				
28	/						78		/				
29		/					79		/				
30	/						80		/				
31		/					81		/				
32	/						82		/				
33	/						83		/				
34	/						84		/				
35	/						85						
36	/						86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	22					
TOTAL DEP.							TOTAL DEP.	62					
TOTAL CLAIMS							TOTAL CLAIMS	84					